

CITY OF LAS VEGAS
CITIZEN ACCIDENT REPORT

ALL ACCIDENTS INVOLVING INJURY TO A CITIZEN WHILE ON CITY PROPERTY, OR
WHILE ENGAGED IN ACTIVITY UNDER OUR SUPERVISION, HOWEVER MINOR, MUST BE REPORTED.

IMPORTANT! IN CASE OF SERIOUS INJURY NOTIFY RISK MANAGER, INSURANCE DIVISION.

INJURED CITIZEN:

1. Name _____
(First Name) (Middle Name) (Last Name)
2. Address _____ 3. Telephone _____
(Street and No.) (City or Town) (Zip)
4. Age _____ 5. Sex: ☐ Male ☐ Female 6. Date of accident _____ Hour _____ AM PM

ACCIDENT INFORMATION:

7. Location of accident: _____
(Building & Floor) or (Area of Property) (Address)
8. Condition of area: _____
NOTE: TAKE PHOTO IF POSSIBLE. IF AREA NEEDS REPAIRS, BLOCK OFF AREA AND NOTIFY RESPONSIBLE DIVISION
(Streets, Parks and Open Spaces, or Building Maintenance) TO MAKE REPAIRS.
9. What was citizen doing when injured? _____
10. How did the accident happen? (Describe fully) _____

INJURY AND DISPOSITION:

11. State which part of body injured (Be specific) _____

12. Treatment given: ☐ cleaned, ☐ applied compress, ☐ bandaged, ☐ controlled bleeding, ☐ treated for shock, ☐ splinted,
☐ gave inhalation or resuscitation, ☐ other _____
By whom? _____
(Name) (Title)
13. Disposition: ☐ remained in area, ☐ released to parents, ☐ advised to see physician, ☐ sent to hospital, ☐ released to
ambulance. Name of hospital or ambulance _____

WITNESSES:

14. _____ 15. _____
(Name) (Name)
- _____
(Address) (City) (Address) (City)
16. _____
(Signature of person making report) (Department or Division) (Date)

DISTRIBUTION:

Original to Insurance Division

Duplicate to Division making repair

Note: Attach witnesses statements and photographs to original!